

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	214		10-16-01
<b>O.I.P.E. CLASSIFIER</b>		49	11/2/01
<b>FORMALITY REVIEW</b>	LS	1089	11/16/01
<b>RESPONSE FORMALITY REVIEW</b>	KA	830	03-15-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	2/1/01
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14	N
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24	
25	
26	✓
27	N
28	
29	
30	
31	
32	✓
33	✓
34	N
35	
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42	
43	
44	
45	
46	
47	✓
48	N
49	
50	✓

Claim	Date
Final	Original
51	2/1/01
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58	✓
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Claim	Date
Final	Original
101	
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If more than 150 claims or 10 actions  
staple additional sheet here